

Minutes of the
Substance Abuse Services Council
April 14, 2005

James C. May, Ph.D.
Chair

Richmond Behavioral Health Authority
107 5th Street
Richmond, Virginia 23219

MEMBERS PRESENT:

Jennie Springs Amison, SACAVA
Kenneth B. Batten, DMHMRSAS
Gail Burruss, SA Council of VACSB
Angela Coleman, VASAP
Patty L. Gilbertson, VACSB
Jennifer Johnson, VAADAC
Phyl Parrish (substituting for Rita Katzman),
DSS
Scott Reiner, DJJ
Rudi Schuster, DCJS
Freddie Simons, Prevention Task Force of
VACSB
Susan Gholston (substituting for Ivan Tolbert),
GOSAP
Inge Tracy, DOC

MEMBERS ABSENT:

James Ashton, DOE
Del. Clifford Athey
Del. Robert B. Bell
Brent McCraw (VADAP)
Sen. Stephen D. Newman
Sen. W. Roscoe Reynolds
Del. Beverly J. Sherwood

Staff:

Mellie Randall, DMHMRSAS

GUEST:

Deanna Perez, DCJS

I. Call to Order and Introductions

Dr. May convened the meeting at 10:05 a.m.. Noting that some different representatives were present, he requested that all present introduce themselves, including what entity they were representing. Inge Tracy announced that she was replacing Scott Richeson as Mr. Johnson's representative from the Department of Corrections. Mr. Schuster introduced Deanna Perez as a new staff member at DCJS. Phyl Parrish announced that she was substituting for Ms. Katzman at DSS. Ms. Gholston announced that she was substituting for Mr. Tolbert at GOSAP.

II. Review and Approval of Minutes for October 18, 2004 and December 13, 2004

Dr. May explained that, although minutes for the October meeting had been reviewed and discussed at the December meeting, a quorum had not been present, preventing official approval. Mr. Schuster made a motion, seconded by Ms.

Johnson, to approve the minutes of the October meeting. The motion carried on a voice vote.

The minutes of the December meeting were reviewed and discussed, and several typographical errors were identified, as follows: In the last sentence of the first paragraph on page 2, the word “not” should be changed to “no” on page 2, so that the sentence would read “Ms. Randall explained that no agencies from that Cabinet are Council members, and so no clearance was needed from that Secretary.” Also on page 2, the initials for DCJS were transposed and should be corrected. On a motion from Mr. Schuster, seconded by Ms. Johnson, the minutes of the December 13, 2004 meeting were approved.

III. Old Business

A. **Status of Printing Report.** Ms. Randall reported that she had been absent on extended sick leave for two months beginning in January. During that time, clerical staff had taken the initiative to seek bids on printing. The report was posted on the General Assembly website and is currently posted on the Council’s website. Because the bids exceeded a threshold amount, the project had to be forwarded to Virginia Correctional Enterprises (VCE) for a bid. When she returned from sick leave, she proceeded to work with the DMHMRSAS Procurement Office to receive a bid from VCE. Meanwhile, she had provided each attending member with a printed copy of the document to review. Ms. Gilbertson expressed concern that there had not been more attention in the press and from the administration about the report. Mr. Batten suggested that since Secretary Woods had requested legislative updates, the Council could use that as an opportunity to “roll out” the report. Dr. May noted that all three cabinet secretaries need to be involved. Mr. Schuster suggested that Dr. May request a meeting with the Governor, as his appointee, to provide him with a copy of the report and review its recommendations. Ms. Randall said that she would consult with the DMHMRSAS legislative liaison about how to best proceed.

B. **Council Representative for DMHMRSAS COSIG Advisory Board.** At the December 13, 2004 meeting, the Council learned that DMHMRSAS had received a substantial federal grant to develop infrastructure to improve services to people with co-occurring mental health and substance use disorders. The grant requires DMHMRSAS to establish an advisory group, and the Council has been invited to designate a representative. Those present designated Dr. May, however, the absence of a quorum that day required action by the Council at this meeting. On a motion by Mr. Schuster seconded by Ms. Burruss, by voice vote the Council officially designated Dr. May as its representative on this advisory council.

- C. **Status of Council Staff Recruitment.** Ms. Randall reported that there had been a substantial delay in recruiting a replacement for Ms. Shawver due to budget constraints. Although the position is supported entirely by the five percent administrative allowance provided by the federal Substance Abuse Prevention and Treatment Block Grant, the award for the upcoming year is slightly less (due to Congressional action), with the result being that the administrative allowance will also decrease. Due to increases in salaries due to cost of living increases and increases in health care costs, DMHMRSAS had anticipated that there would not be enough funds to support the position in FY 07. However, by establishing a lower ceiling on the salary, DMHMRSAS is able to proceed with recruitment. Ms. Randall anticipates that a new staff person will be hired in July.

This information led to further discussion about how the position is funded. Currently, the position is designed to focus half-time on providing support to the Council, however, Ms. Randall reported that Ms. Shawver had spent most of her time on work related to the Council's activities. Mr. Schuster proposed that the Council recommend in its upcoming report that General Funds be budgeted to support this position. Although there was general agreement and support, no action was taken at this time.

D. **Status of Grant Applications.**

1. **Treatment Capacity Expansion for Southwest Virginia.** Ms. Randall reported that DMHMRSAS had provided considerable assistance to three CSBs (Planning District One, Cumberland Mountain, Highlands) in developing a Treatment Capacity Expansion grant application to the Center for Substance Abuse Treatment (CSAT) to address the problem of prescription drug abuse in the southwestern part of the state. What had started out as a severe problem with abuse of OxyContin had evolved into a significant number of deaths related to misuse of prescription methadone prescribed for pain management. As physicians in that area became alarmed about the misuse of OxyContin, they had changed prescribing practices to utilize methadone, which has a very different pharmacological action. The result is that patients are accidentally overdosing on methadone prescribed for pain relief. The grant would provide information to physicians about a relatively new pharmacological agent, buprenorphine, that is very effective in treating opiate addiction and that can be administered in physician offices. It would establish pilot buprenorphine programs and access to counseling and other support services, as well as expand access to other types of treatment. Mr. Batten shared that he is also planning to contract a study to help identify prevention strategies for prescription drug abuse in this area of the state.

2. **Adolescent Infrastructure.** DMHMRSAS has also applied to Center for Substance Abuse Treatment (CSAT) for funds to support the development of infrastructure for improved treatment services for adolescents, including establishing a dedicated position to coordinate and collaborate with the other state agencies involved with adolescents, such as the Department of Juvenile Justice, the Department of Education and the Department of Social Services.

E. **Committee Reports**

1. **Planning Committee Report.** Mr. Reiner reported that the Program Committee had participated in a conference call in which it reviewed a draft survey document developed by Ms. Randall to collect the information necessary to comply with § 37.207.1 of the *Code of Virginia*. This section is an amendment passed in the 2004 Session of the General Assembly that requires the Council to assess the ability of all state agencies that provide substance abuse treatment to report outcomes, and make a report by December 1, 2005. A draft of the package to be sent to state agency heads was enclosed for Council's review. Council members made several helpful suggestions regarding the wording of documents, especially in defining the term "treatment." Members were asked to forward additional comments directly to Ms. Randall. The Committee will review the information submitted by agencies and may request Ms. Randall to conduct qualitative interviews to answer any questions raised by the data.
2. **Budget Committee Report.** The Budget Committee is responsible for updating the agency specific information included in the 2004 report. Ms. Randall made the report for Mr. McCraw in his absence. Mr. McCraw had also participated in the conference call meeting of the Program Committee. In order to simplify the entire process, the information submitted to the Council for the 2004 report will be sent back to the agency along with a clean form for the 2005 report. Agencies will be asked to update the previously submitted information, as well as to identify the top three most underserved populations. Ms. Coleman requested that requests for information be forwarded to agencies, such as VASAP, that had not responded to the previous survey.

One package with a cover letter from Dr. May containing all of the necessary instructions and forms for both studies will be sent to agency heads, with instructions to contact Ms. Randall for assistance.

3. **Program Committee Report.** The Program Committee is charged with addressing the assignments to the Council made by Governor

Warner's Task Force to Combat Driving Under the Influence of Drugs and Alcohol. The report of the task force uses the terms "hard core" and "repeat offender," and Mr. Schuster is seeking to operationalize these terms. The initial focus is to work with VASAP to establish a standard assessment for all local ASAP programs. Mr. Schuster reported that the Committee had met twice and was focusing on the Simple Screening Instrument (SSI) and the Addiction Severity Index (ASI). In addition, the Council is working with VASAP to standardize definitions of treatment services for providers. Mr. Schuster expects that the Committee will use definitions of services very similar to those employed in the survey to be conducted by the Planning Committee, which are based on the Core Services Taxonomy utilized by DMHMRSAS. Ms. Gilbertson asked how this project might relate to operational guidelines for DUI drug courts. Mr. Schuster indicated that the National Highway Transportation Safety Administration (NHTSA) of the US Department of Transportation had established system data variables that applied to both. Ms. Johnson asked how providers would be trained in the ASI. Ms. Coleman indicated that DMHMRSAS had obtained a grant from the Department of Motor Vehicles (DMV) of NHTSA funds to support training at the upcoming Virginia Summer Institute for Addiction Studies. In response to a question from Dr. May, Mr. Schuster indicated that his committee would provide a written report of accomplishments and recommendations that would be appended to the Council's Annual Report, but that could also function as a "stand alone" report to the Governor's Task Force. This document will probably be forwarded to Mr. Vince Burgess at DMV.

IV. New Business

A. Legislative Report

1. **Additional Council Members.** Effective July 1, 2005, representatives from the following state agencies and organizations will join the Council: Department of Medical Assistance Services, Department of Motor Vehicles, Governor's Office for Substance Abuse Prevention, Tobacco Settlement Foundation and the Virginia Drug Court Association.
2. **Methadone Moratorium.** Legislation passed by the 2005 Session requires DMHMRSAS to promulgate standards to evaluate licensing applications for methadone services based on the need for new clinics, the availability of counseling or other necessary services, existing access to treatment, the clinic's proposed service area, and the proposed plan of operation. Until these regulations are enacted, DMHMRSAS may not issue new licenses. Mr. Batten reported that

DMHMRSAS staff have drafted regulations that are being reviewed within the department.

- B. **Appointments.** Ms. Randall announced that all appointed terms to the Council were up for reappointment by the Governor, and that staff from the office of the Secretary of Administration had been in touch to discuss deadlines for submitting resumes. Ms. Randall said that she had been in touch with most appointed members of the Council and was seeking nominees from Lawyers Helping Lawyers as well as SAARA to fill the two advocacy positions. She stated that appointments would be announced after July 1.
- C. **Substance Abuse Prevention and Treatment Block Grant Allocation.** Mr. Batten announced that the annual allocation to the States had been reduced slightly, resulting in a reduction of \$87,728 (from \$43,461,008 to \$43,373,280) for Virginia. These funds provide over half of the support for publicly funded community treatment in Virginia. DMHMRSAS is absorbing the actual cash loss but, by statute, amounts for HIV and Prevention will decline as they are based on percentages of the total award.
- D. **Application to Department of Motor Vehicles for National Traffic and Highway Safety Action Funds.** Ms. Randall announced that, on behalf of the Council, DMHMRSAS has applied for a renewal of this grant of \$20,000 to support the work of the Council with VASAP as directed by Governor Warner's Task Force to Combat Driving Under the Influence of Drugs and Alcohol.
- E. **Impact of Loss of Drug Free Schools and Community Act funds 2006-2007.** Mr. Batten indicated that Congress would probably reduce these federal funds by as much as half. Mr. Simons indicated that the impact on school prevention programs would be devastating, as these funds are the major source of funding for school-based prevention services.
- F. **Revision of Human Rights Regulations Administered by DMHMRSAS.** Ms. Randall explained that the *Code* required all regulations to be reviewed for administrative revision every three years. To this end, DMHMRSAS has convened a work group with broad base representation to accomplish this task. DMHMRSAS is responsible for protecting the rights of all persons receiving services for mental health, mental retardation or substance abuse services throughout the Commonwealth, regardless of the source of funding. Every community has a human rights committee that reviews the human rights policies of programs and organizations that provide these services, and every community has a human rights advocate assigned to investigate complaints. The regulations currently in effect limit the ability of

substance abuse treatment programs to restrict phone calls, visitors and mail, potentially putting the clients at risk for contact with persons who are not supportive of the client's recovery. Exemptions require written orders from a clinical psychologist or medical doctor. Few programs have access to these types of professional personnel. Programs may also seek annual waivers from the State Human Rights Committee to allow other personnel, such as social workers and Certified Substance Abuse Counselors, to write these orders. The recommended revisions allow a much wider variety of licensed or certified health professionals to issue orders that provide these protections. Ms. Randall said that she would present the final report when the State Human Rights Committee had approved it.

G. **Other Business.** Dr. May asked Council members for updates. Ms. Gilbertson announced that the Statewide Drug Court Coordinator at the Supreme Court would be Anna Powers, and Cyril Miller is the new chief planner. The General Assembly funded two juvenile drug courts (Chesterfield and Newport News) and two adult drug courts (Hampton and Henrico). These courts were originally supported by federal funds. She also shared that candidates for Attorney General had expressed strong interest. The Drug Court Association will host its first annual conference at the end of September.

- Ms. Amison indicated that SACAVA had reorganized its board and was now sponsoring providerships for training. Its website has been recently updated. Ms. Tracy indicated that SACAVA is now placing additional emphasis on prevention.
- Ms. Tracy said that she is working within DOC to get counselors certified and arrange for reimbursement to counselors for associated costs, arrange clinical supervision, and develop a career ladder for institutional substance abuse counselors. She is also pushing to develop SA treatment within more secure facilities to improve facility management.
- Jennifer Johnson reported that she had recently represented VAADAC at national public policy conference. VAADAC held its annual meeting in March and is sponsoring scholarships to the Virginia Summer Institute for Addiction Studies. She announced that she is the president-elect and will continue to represent VAADAC on the Council. She is interested in improving the workforce and salary levels. The VAADAC board will conduct its annual retreat in May.
- Susan Gholston reported on the recent activities of GOSAP, which is working to improve public knowledge about the research basis

of prevention. The website has been updated, and the Social Indicator Data Base will come online soon. In response to a question from Dr. May, she explained that this Social Indicator Data Base will expand on the data now online thru the DMHMRSAS website. Analysis will be available at the zip code level, as well as by age, gender, and race. Basic mapping and graphing of the data will be possible, and the data will be downloadable. The KidSafe conference in November will focus on gang prevention. Due to renovation of the 8th Street Office Building, GOSAP's offices will be moving to the Old State Library, and then to a renovated office in the 9th Street Building.

- Phyl Parrish announced that Anthony Conyers is the new commissioner at the Department of Social Services. Dr. May asked her about proposed federal legislation that would require urine drug screen testing of applicants for TANF benefits. Ms. Parrish said that she was aware of this and would get more information to report to the Council.
- Ms. Burruss shared that the SA Council of the VACSB was dismayed over the lack of funding from the General Assembly to support substance abuse treatment. The lack of increased funding has had a negative impact on the community's capacity to provide treatment, as costs have risen while resources have remained level. Although advocacy has increased, no impact has been made on budgets. She continued, stating that communities don't understand the impact that level funding has on access to services. Dr. May pointed out that any new funds from DMHMRSAS are targeted to specific initiatives. Ms. Burruss agreed that the CSBs had little discretion over their budgets.
- Mr. Reiner announced that the current director, Jerrould Jones, had been appointed as a juvenile court judge in Norfolk, although the effective date of the appointment had not been announced. In addition, Barrett Correctional Center in Hanover County, which had been dedicated to substance abuse treatment, will be closed because the physical structures are too decrepit to repair. The substance abuse treatment program will not be continued. In the community, DJJ had been using Title IV-E funds to purchase substance abuse treatment services for young offenders, but the US Dept. of Justice has issued requirements for these funds that are so restrictive as to effectively bar the use of these funds for this purpose. Dr. May noted that, as funds such as IV-E were eliminated, more and more burden was placed on the limited resources of the public system.

- Mr. Schuster reported that RSAT had not been refunded and is in the process of being phased out. The impact is that people don't receive the length of stay in treatment that research indicates is necessary to be effective. However, the Secretary of Public Safety is considering establishing re-entry program for criminals being released after conviction for more severe crimes. Discussions are underway about how to identify those who are most likely to benefit.
- Mr. Batten reported that the General Assembly had increased its appropriation for community services, but that these funds are targeted at restoring the \$4 million cuts in 2003. He announced that CSAT might publish requests for applications for Screening, Brief Intervention, Referral and Treatment (SBIRT) and Access to Recovery. Only DMHMRSAS is eligible to apply, and he plans to do so.

V. Next Meeting

The next meeting of the Council is scheduled for June 9, 2005, at RBHA.
Ms. Randall will send out reminder emails.

Respectfully submitted,

Mellie Randall
Staff to the Council